



MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
LAW ENFORCEMENT DIVISION/GRANTS MANAGEMENT

# SNOWMOBILE LAW ENFORCEMENT PROGRAM

## GRANT APPLICATION

*This information is required under the authority of Part 821 Snowmobile, 1994 PA 451, as amended, to be eligible for funding.*

Grant Applicant (Law Enforcement Agency)			Submission Date	
Contact Person			Telephone No.	
Number and Street or Rural Route			Fax No.	
City	State	ZIP Code	E-mail	
No. of miles of groomed public snowmobile trails within your county: _____ Miles		No. of law enforcement personnel working in the snowmobile law enforcement program _____ Full Time _____ Part Time		
Number of ingress/egress routes connecting city/village/township with snowmobile trails (only applicable to city, village or township applicants): _____ Routes				

### 1) DETAIL OF LAW ENFORCEMENT WAGES and BENEFITS

- A = Average hourly wage of officers working in snowmobile law enforcement program.
- B = Fringe benefit dollar amount (multiply the fringe percentage rate by the hourly wage to obtain the fringe benefit dollar amount).
- C = Estimated hours of snowmobile law enforcement activities (include travel and administrative time).
- D = Total estimate of salaries, wages and fringe benefits for snowmobile law enforcement purposes.

(A \_\_\_\_\_ + B \_\_\_\_\_ ) x C \_\_\_\_\_ = D \$ \_\_\_\_\_

### 2) DETAIL OF CSS&M (CONTRACTUAL SERVICES, SUPPLIES & MATERIALS)

ITEM	DETAIL			LOCAL ESTIMATE OF EXPENDITURES
PATROL/TOW VEHICLE USAGE	No. of vehicles _____	Mileage rate \$ _____	No. of miles _____	\$ _____
SNOWMOBILE USAGE	No. of units _____	Fuel and oil \$ _____	Maintenance \$ _____	\$ _____
PERSONAL EQUIPMENT TO BE PURCHASED				
TYPE OF EQUIPMENT _____	No. of units _____	Cost per unit \$ _____	\$ _____	
_____	No. of units _____	Cost per unit \$ _____	\$ _____	
_____	No. of units _____	Cost per unit \$ _____	\$ _____	
OTHER ITEMS (please specify) _____				\$ _____
_____				\$ _____
_____				\$ _____
_____				\$ _____
<b>TOTAL</b>				<b>\$ _____</b>

3) DETAIL OF EQUIPMENT TO BE PURCHASED			
ITEM	DETAIL		LOCAL ESTIMATE OF EXPENDITURES
<b>SNOWMOBILE:</b>			
Make and model _____	Number of units _____	Cost per unit \$ _____	\$ _____
<b>TRAILER:</b>			
Type of trailer _____	Number of units _____	Cost per unit \$ _____	\$ _____
<b>COMMUNICATIONS RADIO (for snowmobiles only):</b>			
Type of radio _____	Number of units _____	Cost per unit \$ _____	\$ _____
<b>OTHER ELECTRONIC EQUIPMENT:</b>			
Type of equipment _____	Number of units _____	Cost per unit \$ _____	\$ _____
<b>HELMET:</b>			
_____	Number of units _____	Cost per unit \$ _____	\$ _____
<b>OTHER EQUIPMENT (please specify):</b>			
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
<b>TOTAL</b>			<b>\$ _____</b>

SUMMARY OF LOCAL ESTIMATE OF EXPENDITURES		
Item	Estimate of Expenditures	State Allocation FOR DNR USE ONLY
Law Enforcement Wages and Benefits (from #1. Detail ...)	\$	\$
CSS&M (from #2. Detail... )	\$	\$
Equipment (from #3. Detail... )	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

### CERTIFICATION

I hereby certify that the board of commissioners of the governmental unit indicated on this grant application has appropriated the sum indicated for the snowmobile law enforcement program and that the treasurer has been authorized and instructed to establish a restricted snowmobile program account and to deposit therein all sums appropriated to be used solely for wages and benefits, contractual services, supplies and materials, and equipment costs for the grant period indicated.

\_\_\_\_\_  
Signature of Chief Law Enforcement Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name of Chief Law Enforcement Officer

\_\_\_\_\_  
Date

**SEND COMPLETED APPLICATION TO:**

**GRANTS MANAGEMENT  
MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
PO BOX 30425  
LANSING MI 48909-7925**